

# Program Activity Cover Page

Program Name: YCCD/MJC - Child Care Provider Academy

Program ID 150005

**Directions:** Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

**1. Please mark (X) which type of organization best describes the agency providing this program:**

☐ Commission-run program → Go to question 3.

☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ **Family resource center  
Child care center or preschool**

- ☐ Head Start
- ☐ State preschool
- ☐ Private preschool
- ☐ Family-based child care
- ☐ Other child care center or preschool

☐ **County service agency (other than education)**

- ☐ Department of Health
- ☐ Department of Social Services
- ☐ Department of Mental Health
- ☐ Other county service agency

☐ **Private provider/nonprofit community organization**

- ☐ Community-based organization
- ☐ Other nonprofit organization
- ☐ Private medical, dental, or mental health organization
- ☐ Other private organization

☐ **Education organization**

- ☐ Elementary or middle school (K-8)
- ☐ Secondary school (9-12)
- ☐ School district
- ☐ County office of education
- ☐ 2-year community college
- ☐ 4-year college or university
- ☐ Other education organization

☐ **Other public-sector organization**

- ☐ Justice system/police
- ☐ City government program
- ☐ Other government program

☐ **Consulting organization**

- ☐ Evaluation/research organization
- ☐ Technical assistance organization
- ☐ Other consulting organization

☐ **Other organization**

**2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.**

Street address

435 COLLEGE AVENUE

Service radius (miles)

City

MODESTO

Zip

95350

30.0

**3. Does this funded program receive State School Readiness Initiative funds?** ☐ Yes ☒ No

**4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.**

☐ Direct services:

\$ , ,

☐ Community strengthening efforts:

\$ , ,

☒ Provider capacity building/support:

\$ , 13, 976

☐ Infrastructure investments:

\$ , ,

☐ Systems change support activities:

\$ , ,

☐ Minigrants (Commission-run only):

\$ , ,

Please attach the Activity Form for each strategy marked.

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